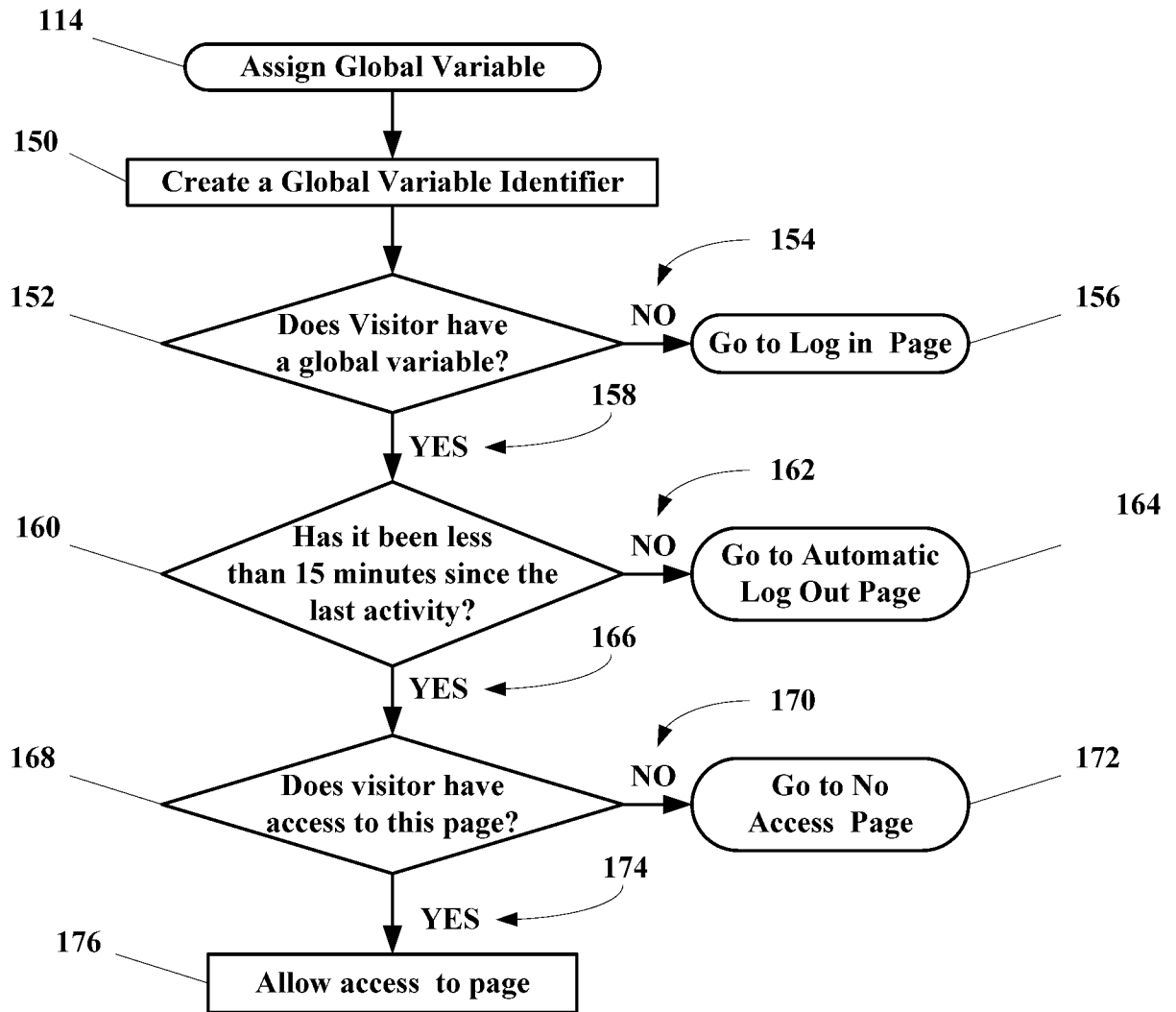
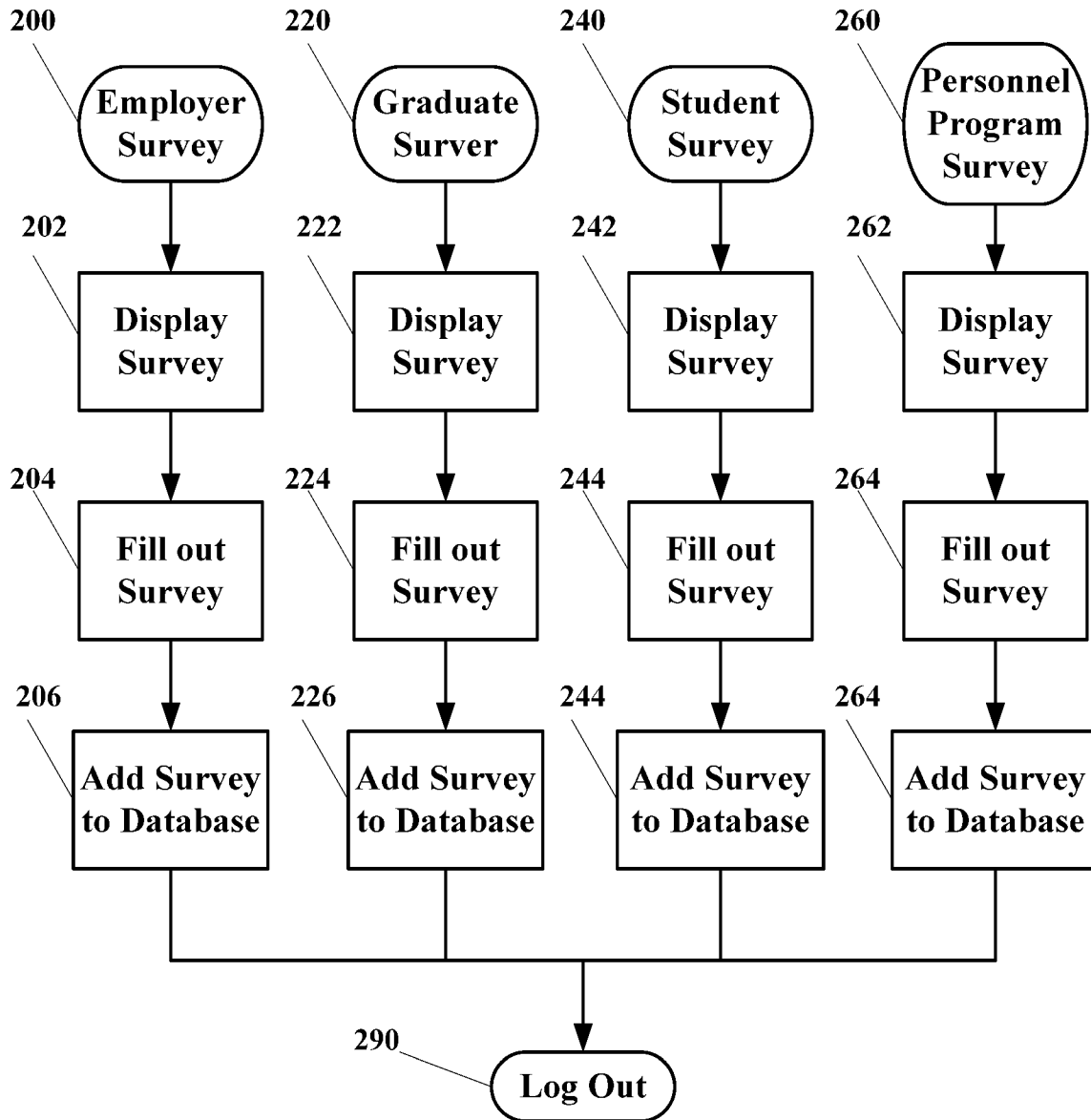


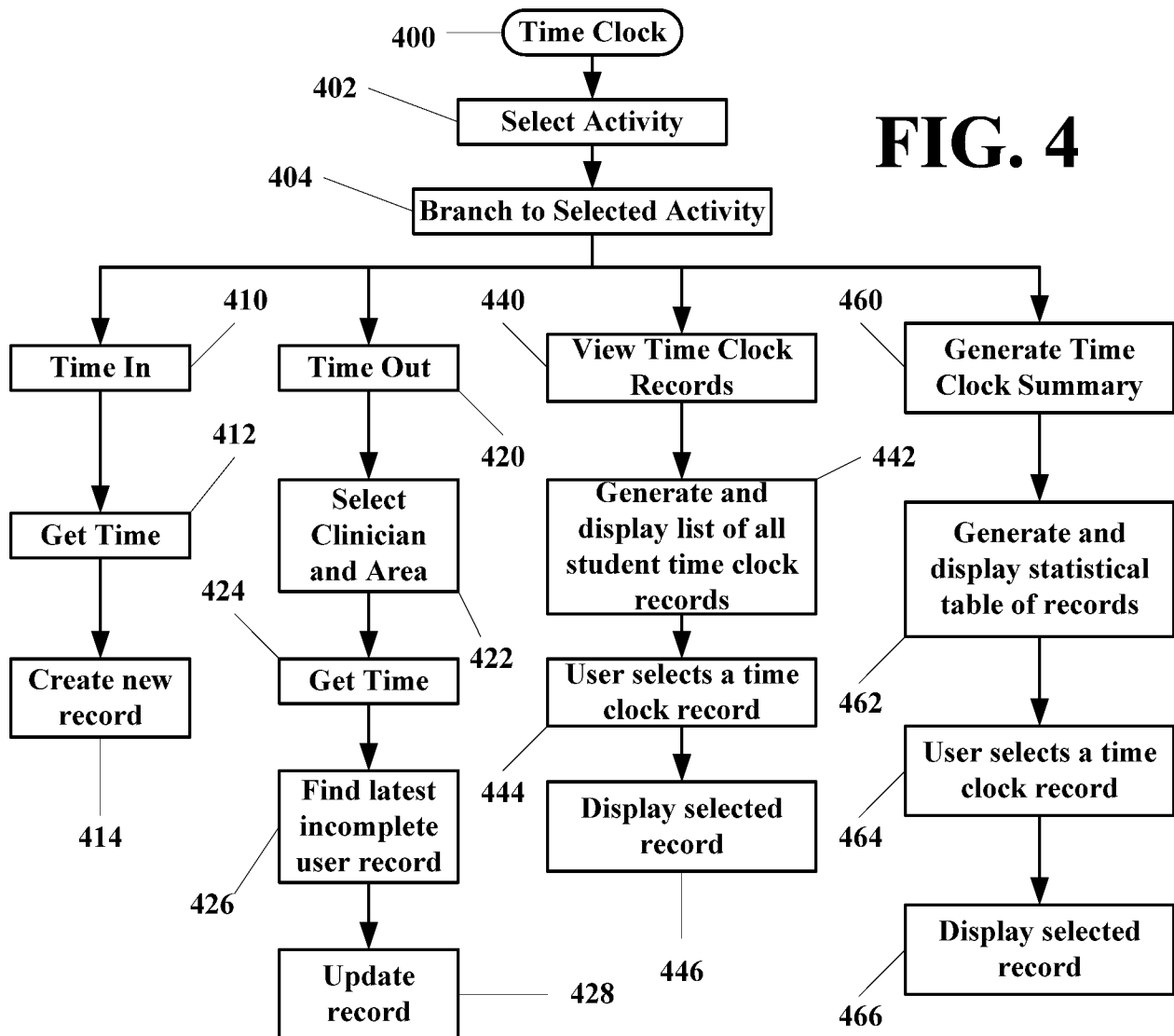
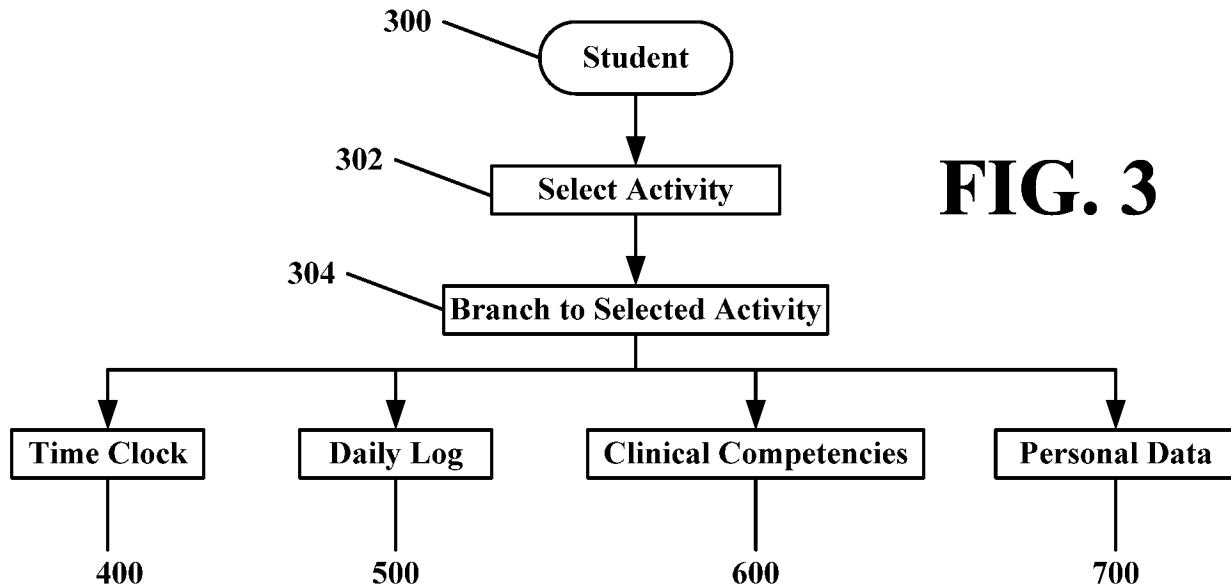
FIG. 1A



**FIG. 1B**



**FIG. 2**



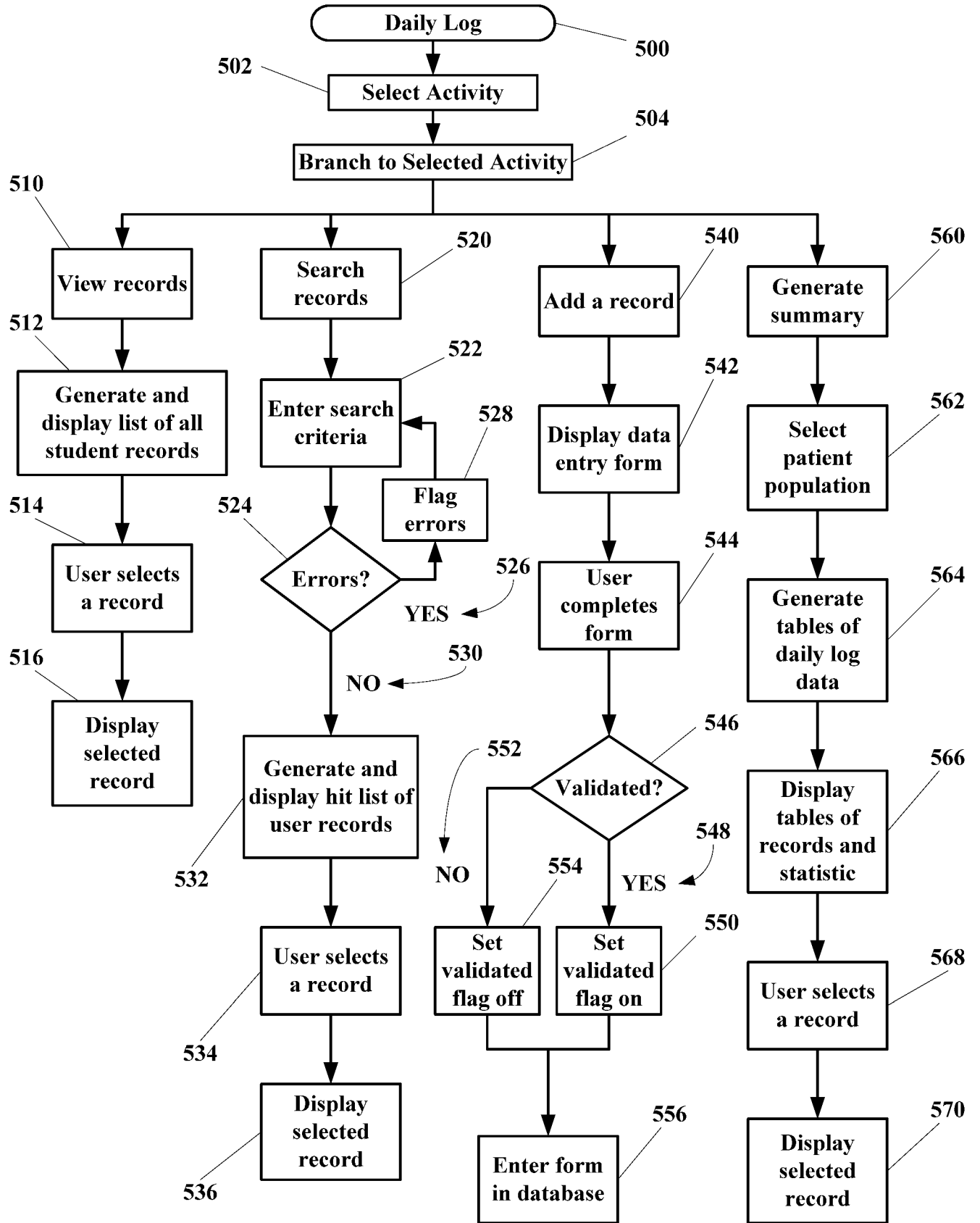


FIG. 5

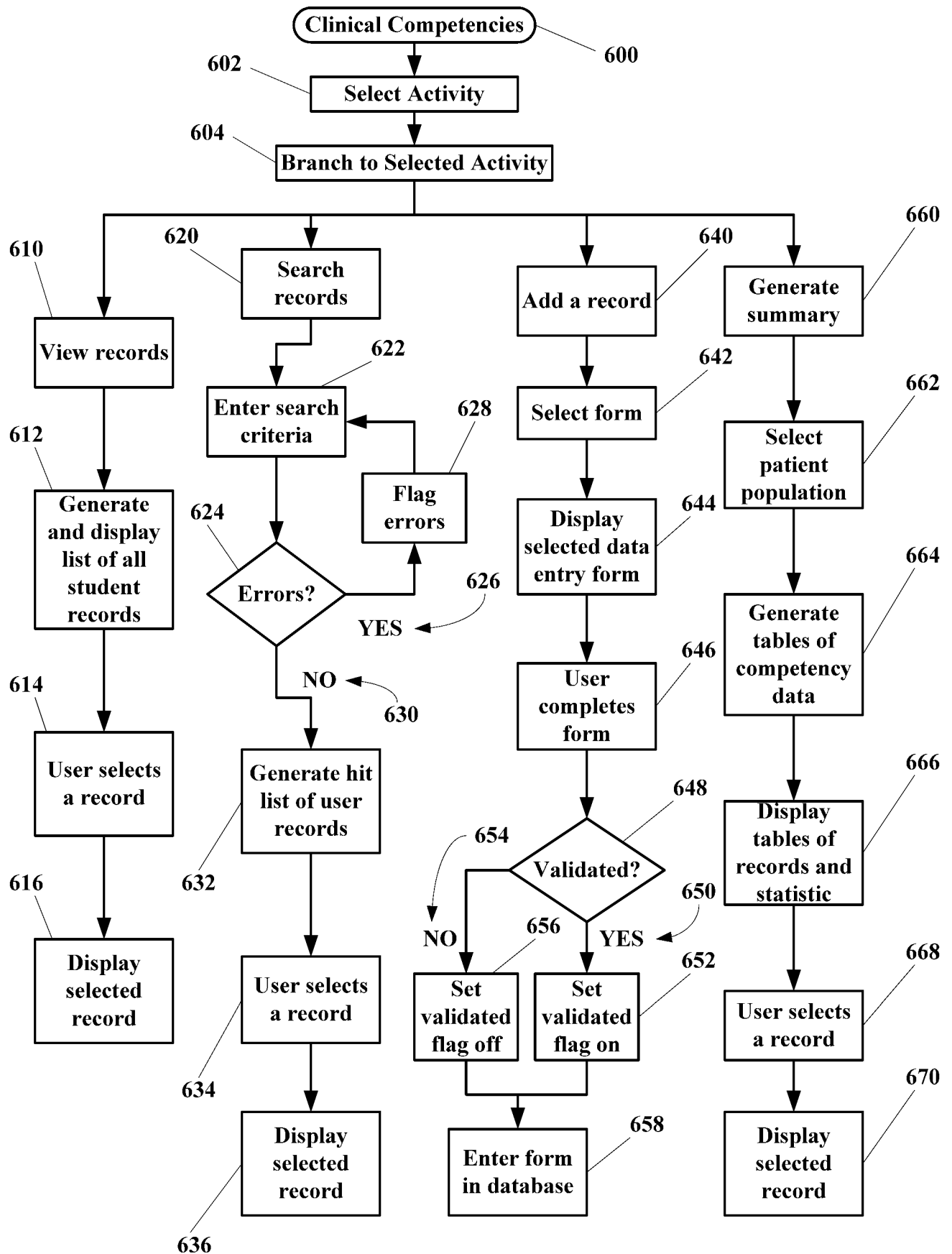


FIG. 6

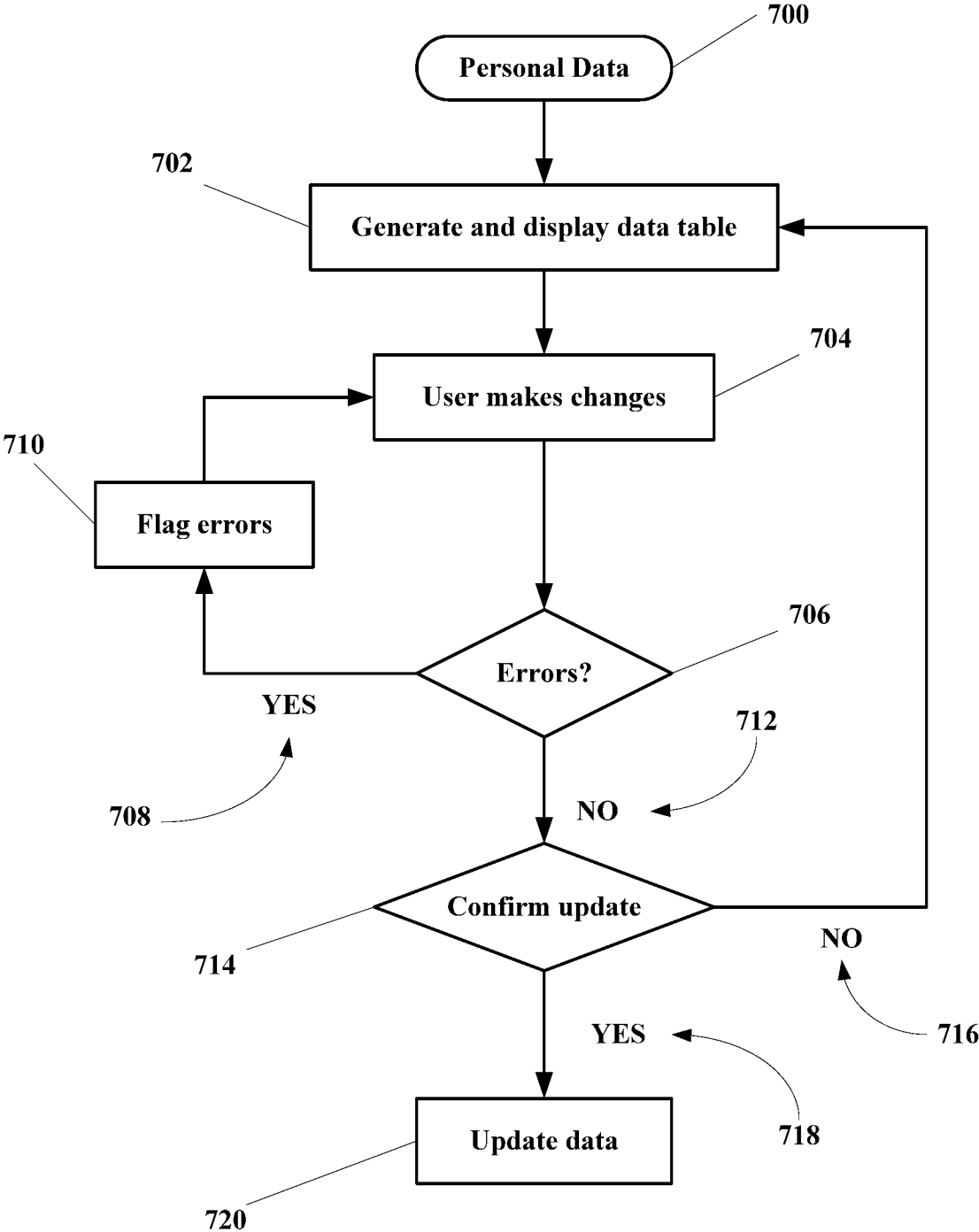
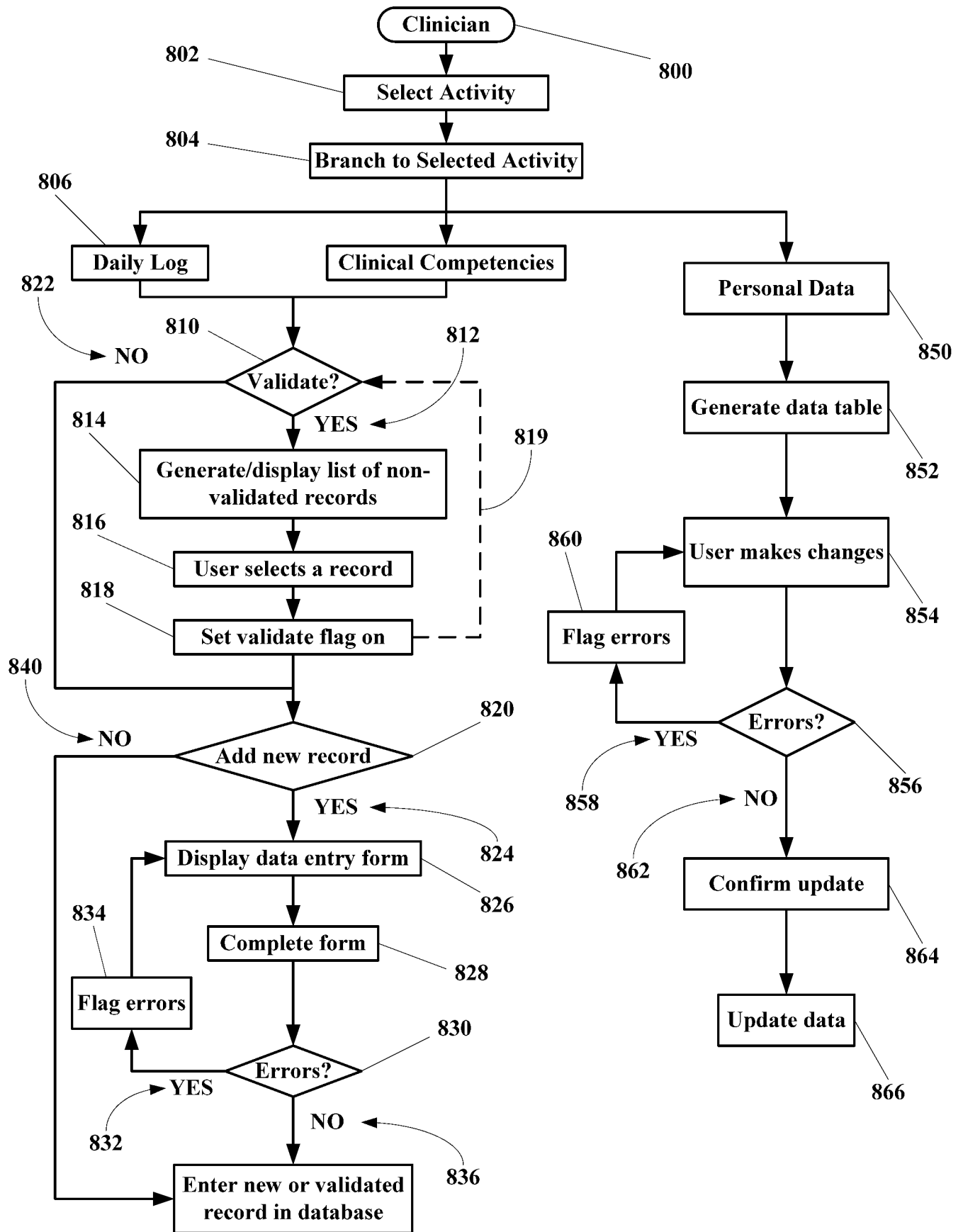


FIG. 7



**FIG. 8**



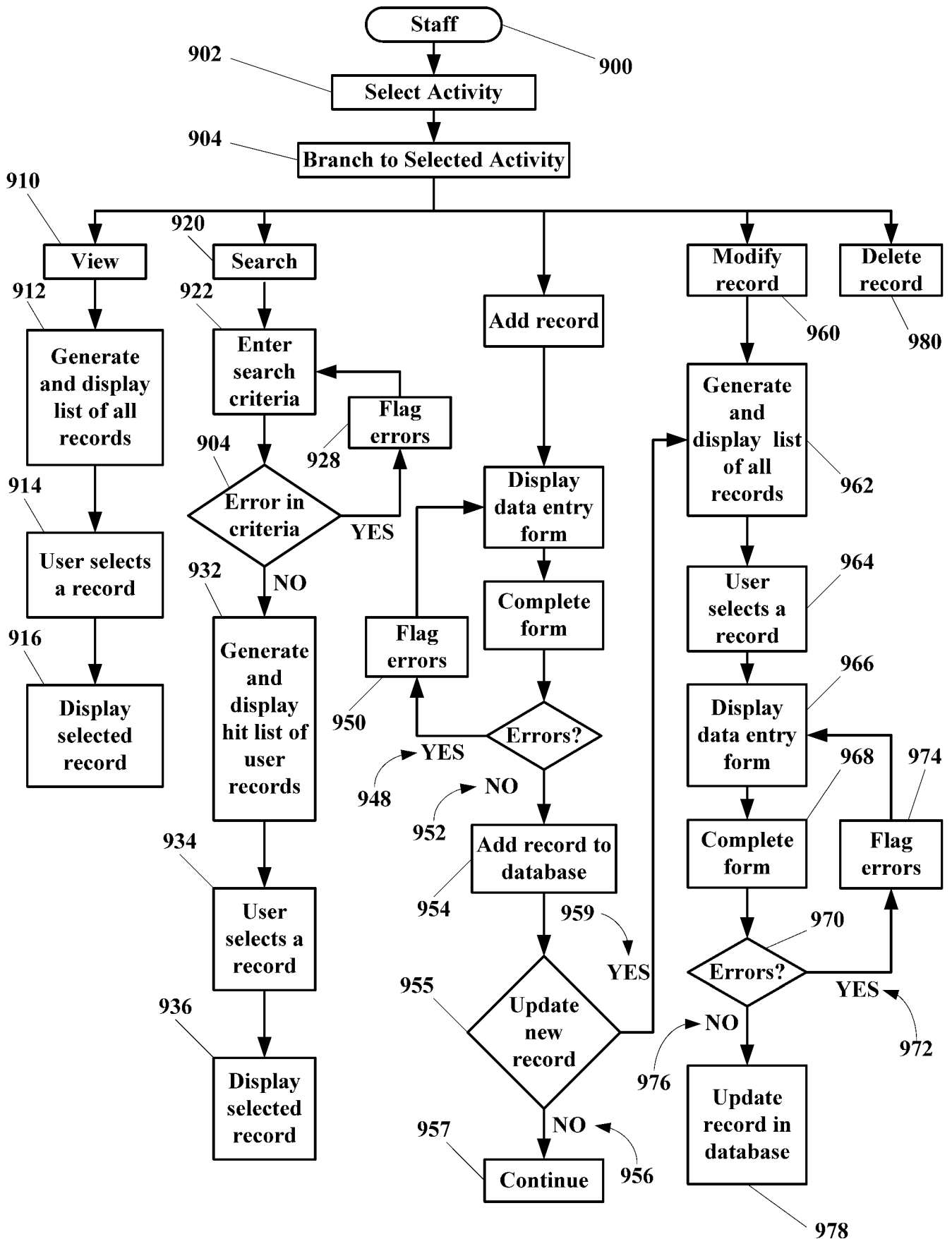
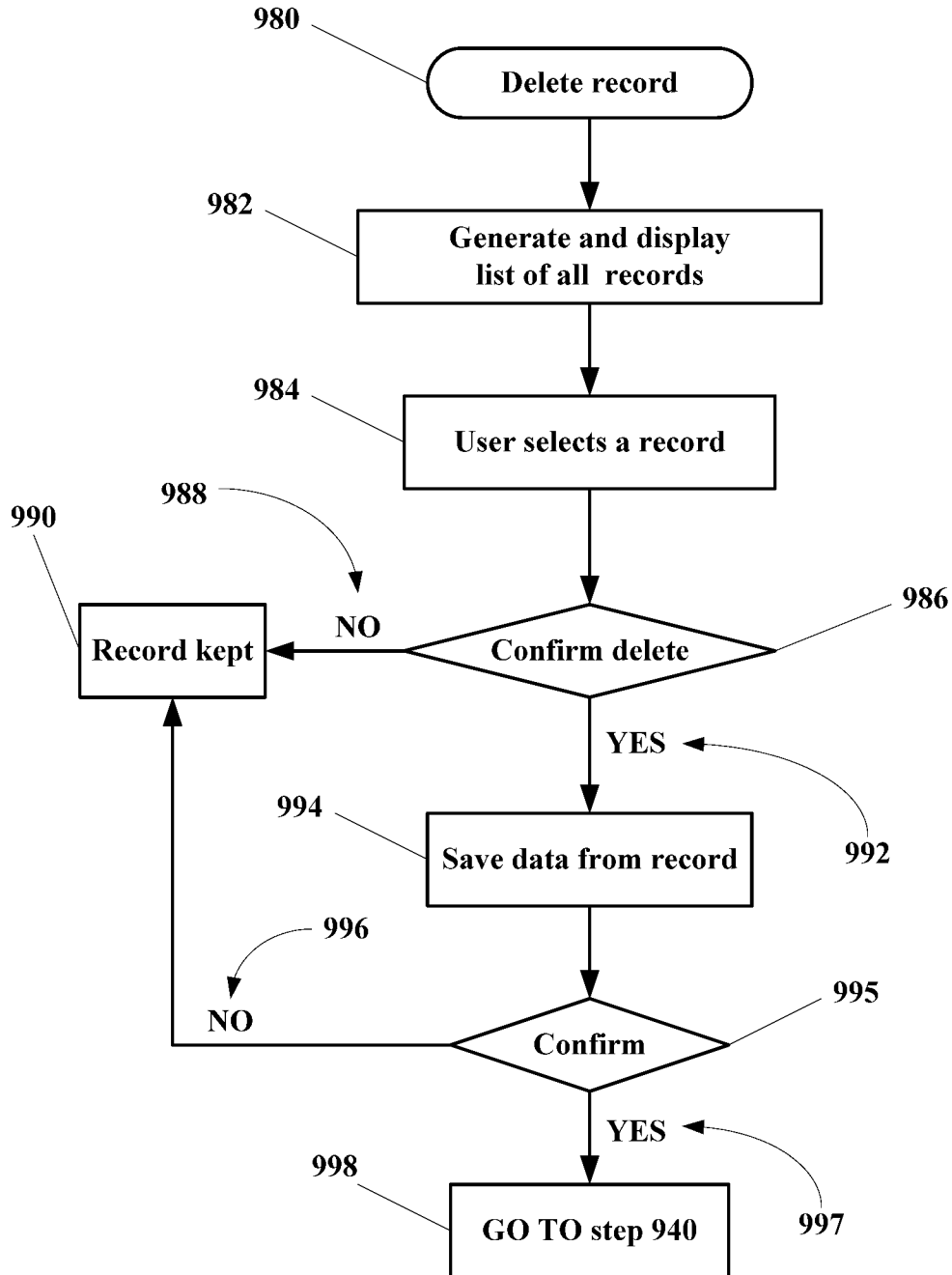


FIG. 9A



**FIG. 9B**

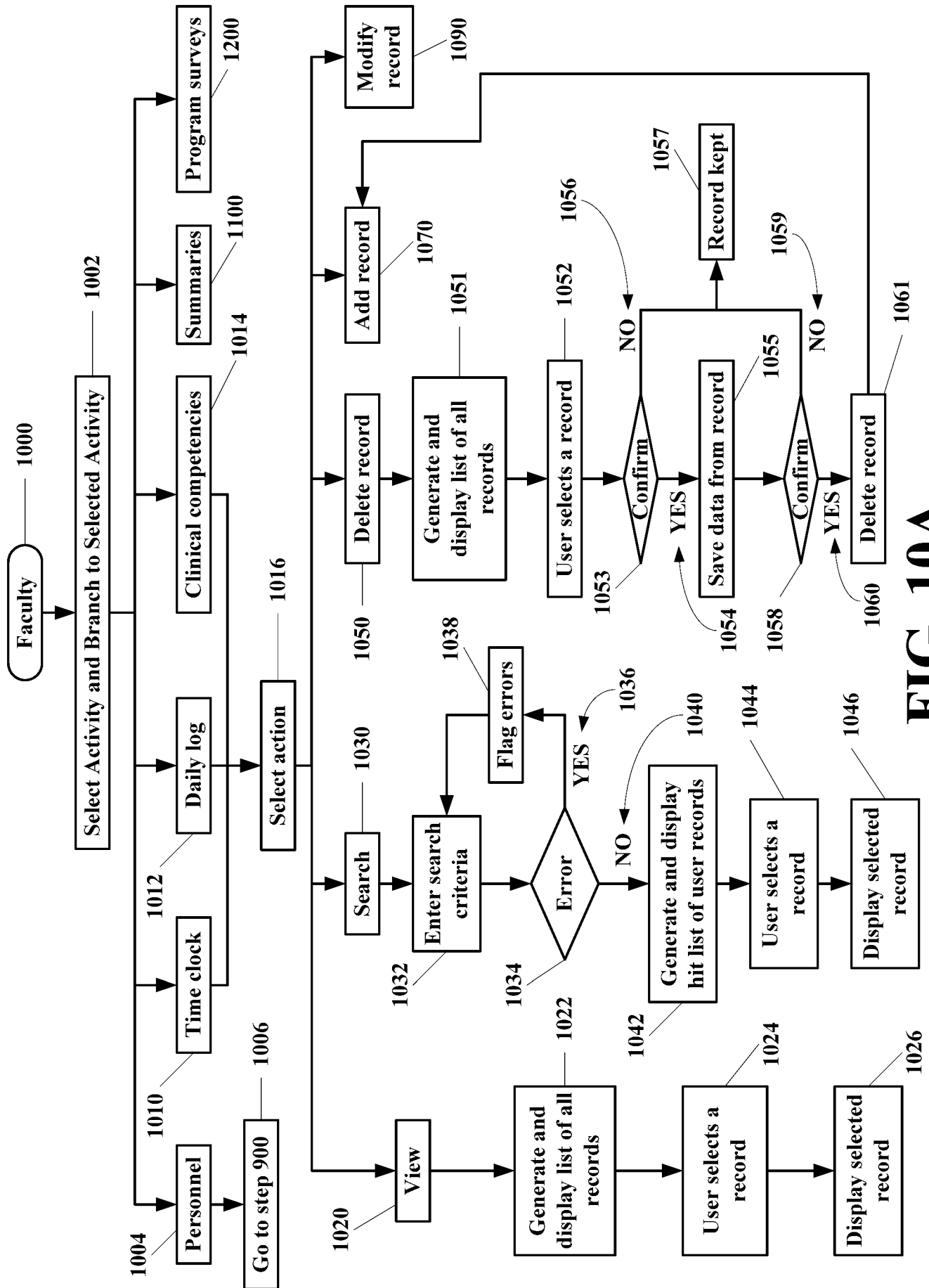


FIG. 10A

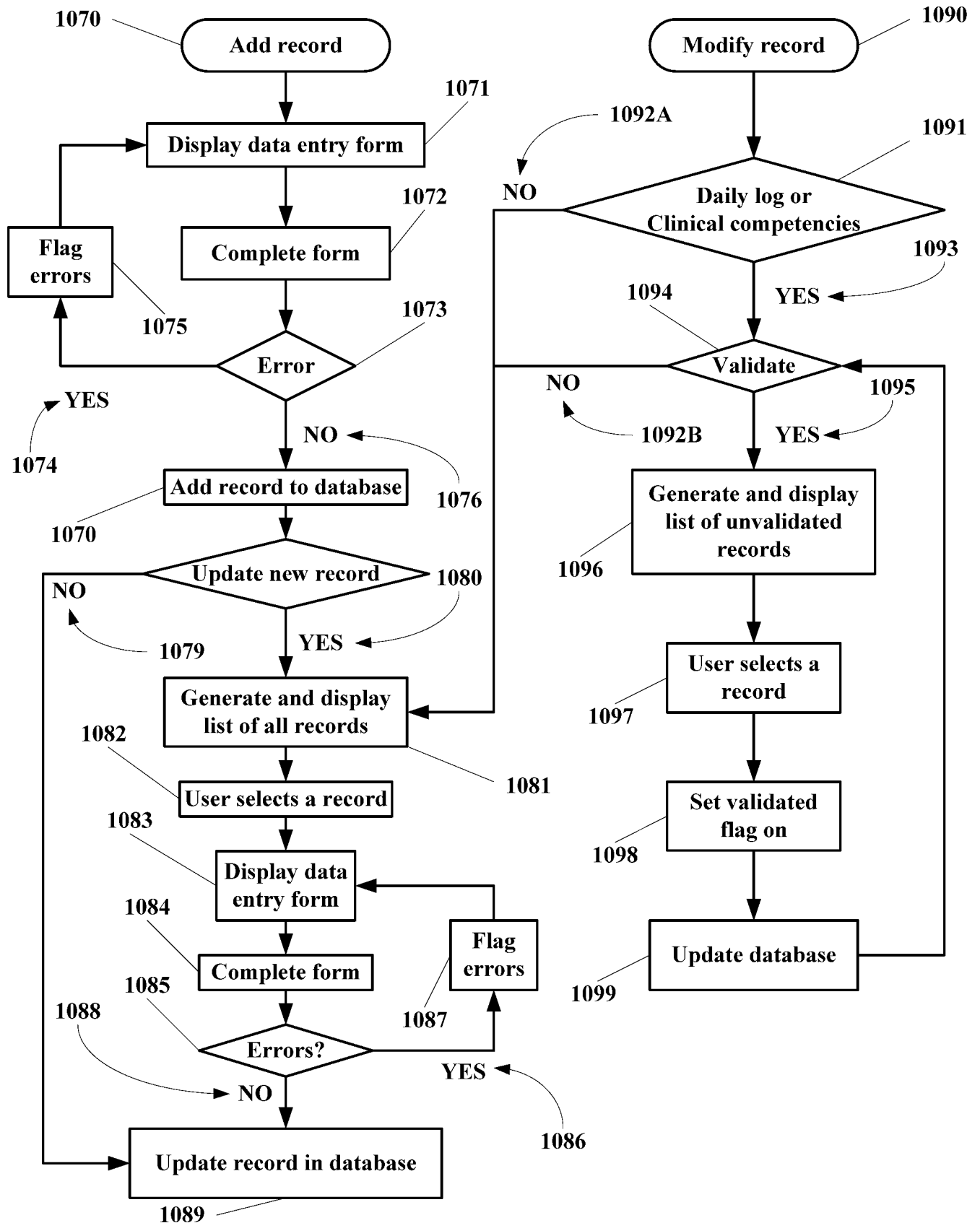


FIG. 10B

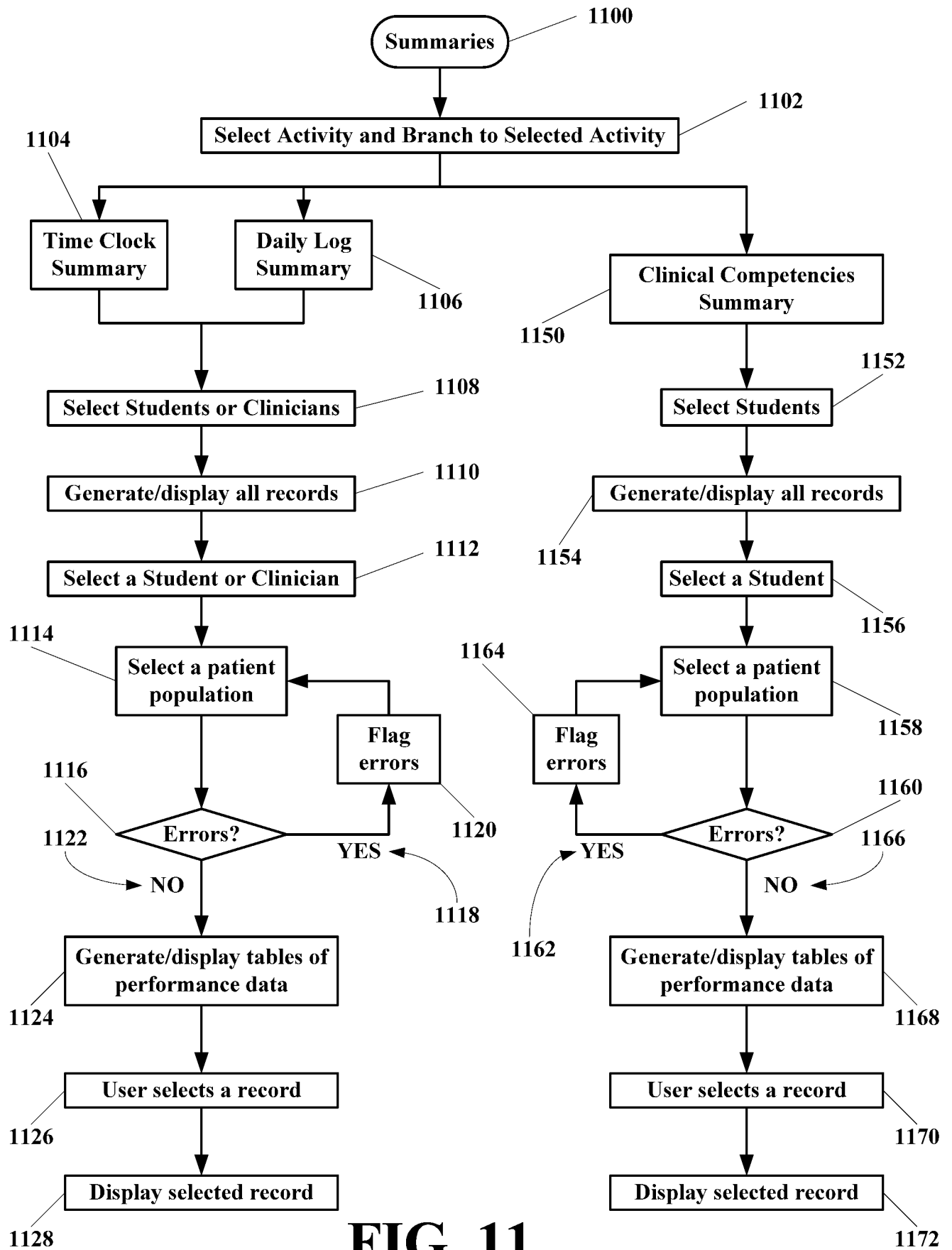


FIG. 11

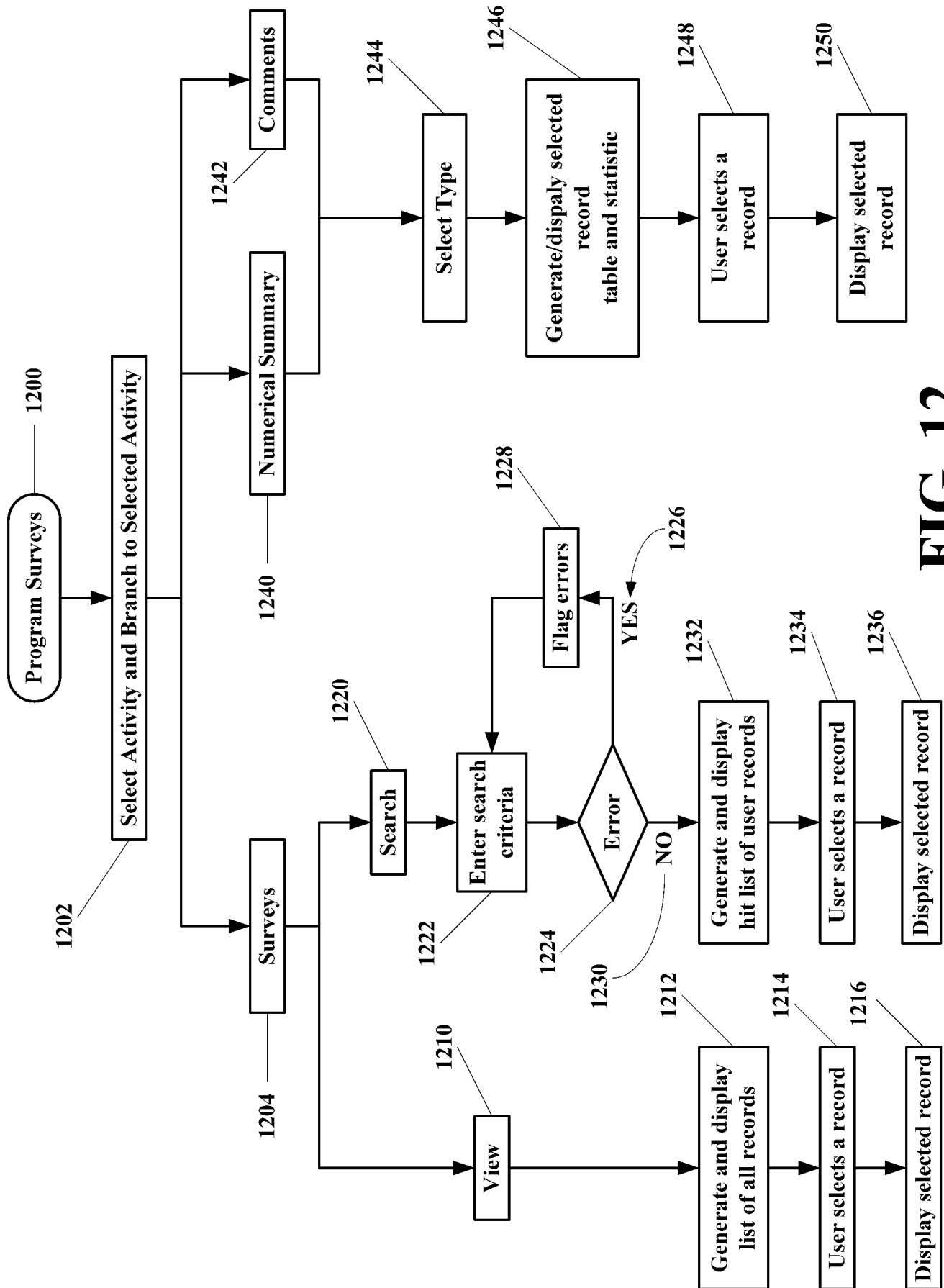
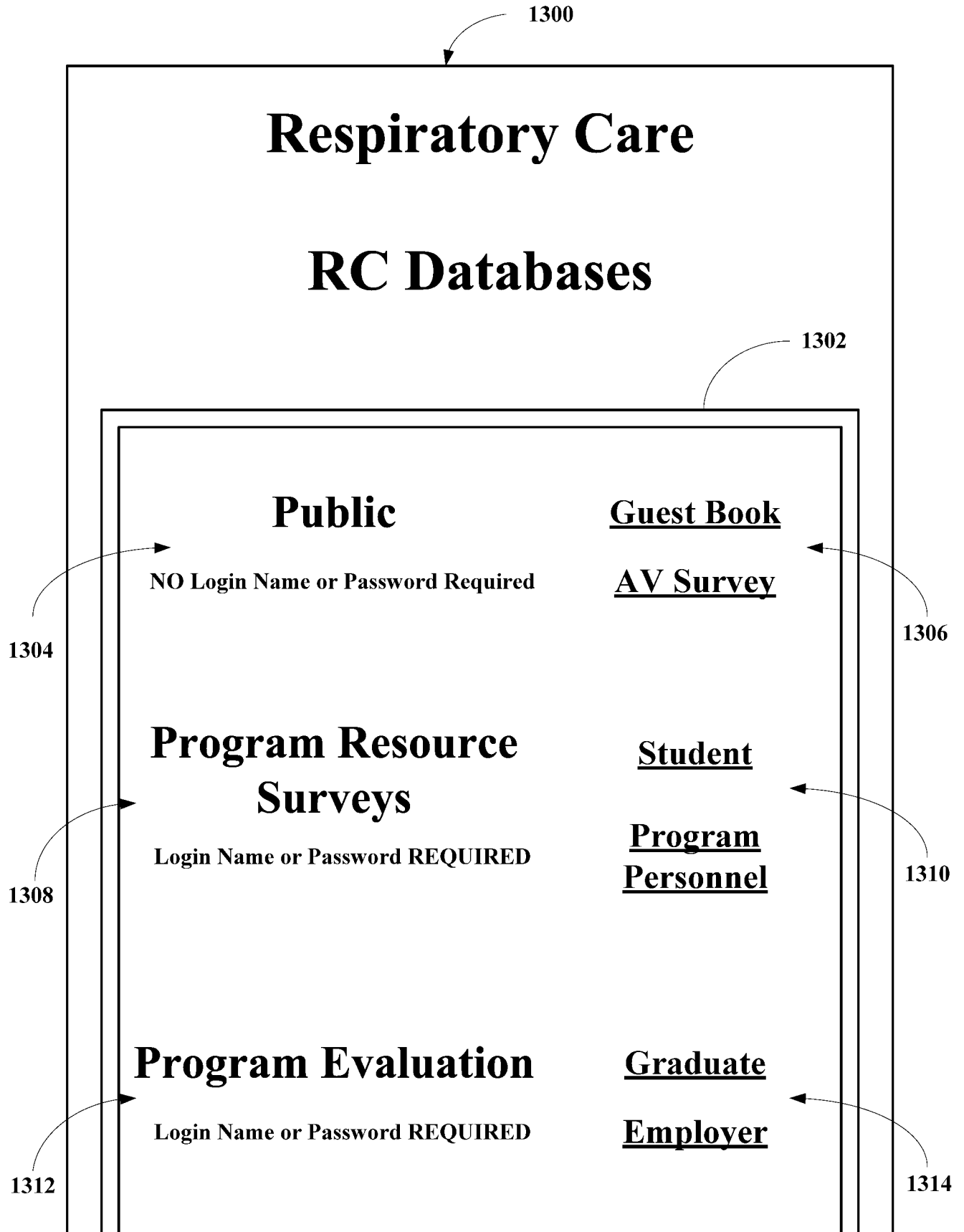
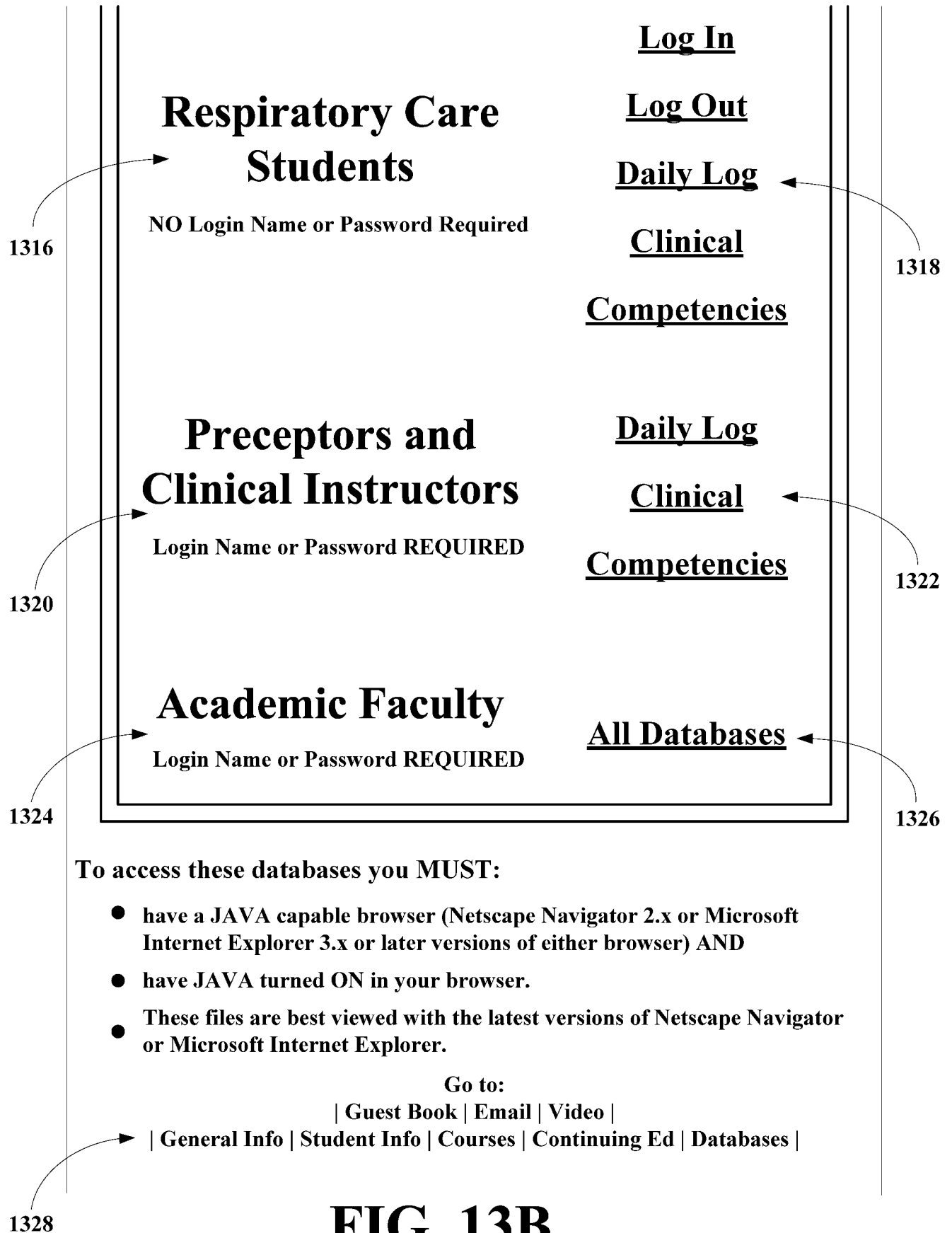


FIG. 12



**FIG. 13A**



**FIG. 13B**



## REPLACEMENT SHEET 17/54

| [Clinical](#) | [RC Links](#) |  
| [Respiratory Care Home Page](#) | [SAHS Home Page](#) | [UTMB Home Page](#) |

For technical problems at this website, please send email to:  
[SAHS WebMaster](#)

Please review disclaimer and Internet [guidelines](#)

1328

# FIG. 13C

1404

Browser Banner

1400

Program Evaluation

(Login Name and Password REQUIRED)

1412

1410

1402

Enter Network Password

Resources: Database time clock.fp3

User Name: 1406

Password: 1408

OK

Cancel

Graduate

Employer

Log In

Log Out

Daily Log

Clinical Competencies

Preceptors and Clinical Instructors

Daily Log

Clinical Competencies

Browser Banner

FIG. 14A

AD: 98006/16C1

USSN: 10/817385

Browser Banner

1420

Respiratory Care

RC Student Time Clock Log In

Please enter the following information to complete you log record

I am

- Select Student - ▼

- Select Student - ▲

Name 1  
Name 2  
Name 3  
Name 4  
Name 5  
Name 6  
Name 7  
Name 8  
Name 9

1422

I am taking

- Select Courses - ▼

- Select Courses -

COURSE 1 – Description 1  
COURSE 2 – Description 2  
COURSE 3 – Description 3

1428

Send Information

Clear Form

1430

1432

1426

Browser Banner

FIG. 14B

AD: 98006/16C1

USSN: 10/817385

Browser Banner

1440

1441

# Respiratory Care

Student Name, thank you for filling out the time clock form. The following information has been reorded:

1442

|                   |                                      |         |                               |
|-------------------|--------------------------------------|---------|-------------------------------|
| Time and Date In: | 3:37:19 PM<br>Thursday, July 8, 1999 | Course: | COURSE # - Course Description |
|-------------------|--------------------------------------|---------|-------------------------------|

1444

1445

1446

1447

Please EXIT or QUIT the browser. The browser will retain your name and password until you exit or quit. DO NOT minimize the browser.

1443

Go to:

| General Info | Student Info | Courses | Continuing Ed | Databases | Clinical | RC Links |

| Respiratory Care Home Page | SAHS Home Page | UTMB Home Page |

Browser Banner

FIG. 14C

Browser Banner

1450

Respiratory Care

RC Student Time Clock Log Out

Please enter your PASSWORD 

\*\*\*\*\*

 to access your log in record.

Find My Log In

Clear Form

Browser Banner

FIG. 14D

Browser Banner

1460

Respiratory Care

RC Student Time Clock Log Out

Hello Student Name, you logged in at 12:46:29 PM on Tuesday, June 8, 1999

The database will automatically record the log out hour and the data when you press the “Send Information” button. Please enter the following information to validate our daily time log:

I was at:

My Client (first last name) was

▼

Emergency Room

▲

Burn Unit

Adult Floors

Pediatric Floors

Emergency Room

PICU

ISCU

MICU

SICU

TDC-ICU

Clinical Specialist

THI-CS

1462

1464

1466

1468

▼

Last Name

▲

1470

1472

Browser Banner

FIG. 14E

Browser Banner

1480

1481

Respiratory Care

Student Name, thank you for filling out the time clock form. The following information has been reorded:

1482

|                             |  |                              |                                       |
|-----------------------------|--|------------------------------|---------------------------------------|
| 1484<br>Time and Date In:   | 1485<br>3:37:19 PM<br>Thursday, July 8, 1999 | 1486<br>Course:              | 1487<br>COURSE # - Course Description |
| 1488<br>Time and Date Out:  | 1489<br>3:40 PM<br>Thursday, July 8, 1999    | 1490<br>Location:            | 1491<br>Adult Floors                  |
| 1492<br>Total Time: (Hours) | 1493<br>.04                                  | 1494<br>Clinical Instructor: | 1495<br>Instructor Name               |

Please EXIT or QUIT the browser. The browser will retain your name and password until you exit or quit. DO NOT minimize the browser.

1483

NOTE: If any of the above information is NOT correct please email us and tell us exactly what was incorrect so that we can adjust your time card and fix the database. Thank you.

Go to:  
| Guest Book | Email | Video |  
| General Info | Student Info | Courses | Continuing Ed | Databases | Clinical | RC Links |  
| Respiratory Care Home Page | SAHS Home Page | UTMB Home Page |

Browser Banner

FIG. 14F

AD: 98006/16C1

USSN: 10/817385

|  |  |
|--|--|
| Browser Banner   |  |
| <div>1500</div> <div>ADULT Daily Log</div> <div>Course Designation and Description</div> <div>Term</div> <div><div>Instructor:1502</div><div>Student:1504</div><div>Hospital Area:1512</div></div> <div>Physician contact (specific nature and duration)</div> <div>Describe today's most significant experience, including unique observations, your opinions, attitudes, and feelings:</div> |  |
| Browser Banner   |  |

FIG. 15A



|                         |              |              |
|-------------------------|--------------|--------------|
| Browser Banner          |              |              |
| 1518                    |              |              |
| 1520                    |              |              |
| PATIENT DATA            |              |              |
| PROCEDURES              | OBSERVATIONS | PERFORMANCES |
| Vital Signs             | 5            | 2            |
| Chest Assessment        | 3            | 1            |
| Patient Assessment 1522 | 10           | 5            |
| Isolation Procedures    | 10           | 6            |
| 1520                    |              |              |
| PATIENT DATA            |              |              |
| Nasal Cannula           | 5            | 2            |
| Simple Mask             | 3            | 1            |
| Venti-Mask              | 2            | 1            |
| Partial Rebreather 1522 | 2            | 1            |
| Non-Rebreather          |              |              |
| Pulse Oximetry          |              |              |
| Cylinder Transport      |              |              |
| 1520                    |              |              |
| PATIENT DATA            |              |              |
| Face Tent               |              |              |
| Face Mask 1522          |              |              |
| Trach Collar            |              |              |
| Browser Banner          |              |              |

FIG. 15A

**Browser Banner**

**1520** → **PATIENT DATA**

|                         |  |  |  |
|-------------------------|--|--|--|
| Incentive Spirometry    |  |  |  |
| Isolation Procedures    |  |  |  |
| Chest Physiotherapy     |  |  |  |
| Coughing                |  |  |  |
| Breathing Exercises     |  |  |  |
| PEP                     |  |  |  |
| Nasotracheal Aspiration |  |  |  |
| Endotracheal Aspiration |  |  |  |
| Tracheostomy Care       |  |  |  |
| Cuff Management         |  |  |  |
| Adult CPR               |  |  |  |

**1520** → **Emergency Procedures**

**Enter Network Password**

Please enter your authentication information

Resource: Database daily log.fp3

User name: user name

Password: \*\*\*

OK Cancel

**1526** → **Send Information**

**1528** → **Clear Form**

**1530** → **0**

**Browser Banner**

Browser Banner

1532

Respiratory Care

Thank you, Clinical Instructor, for filling out the Adult Daily Log form for Student Name.  
Your time is greatly appreciated.

If you are done filling out Daily Log forms, please EXIT or QUIT the browser.  
The browser will retain you name and password until you exit or quit.  
Do NOT minimize browser.

Go to:  
| Guest Book | Email | Video |  
| General Info | Student Info | Courses | Continuing Ed | Databases | Clinical | RC Links |  
| Respiratory Care Home Page | SAHS Home Page | UTMB Home Page |

Browser Banner

FIG. 15D

AD: 98006/16C1

USSN: 10/817385



| 1606<br><b>Adult Critical Care Competencies</b>  |  |
|--|--|
| <b>Therapy Group</b>                             | <b>Special Competency</b>                            |
| <b>Manual Resuscitators</b>                      | <b>Setup &amp; Ventilation via Endotracheal Tube</b> |
|  | <b>Setup &amp; Ventilation via Mask</b>              |
|  | <b>ETS – Endotracheal Suctioning</b>                 |
|  | <b>NTS – Nasotracheal Suctioning</b>                 |
| <b>Suction Procedure</b>                         | <b>Tracheal Suctioning</b>                           |
|  | <b>In-Line Suctioning</b>                            |
|  | <b>Securing Tracheostomy Tube</b>                    |
|  | <b>Tracheostomy Care</b>                             |
| <b>Endotracheal Tube /<br/>Tracheostomy Care</b> | <b>Cuff Management</b>                               |
|  | <b>Intubation</b>                                    |
|  | <b>Ventilator Setup</b>                              |
|  | <b>Routine Ventilator Check</b>                      |
| <b>Ventilatory Care</b>                          | <b>Ventilator Circuit Change</b>                     |
|  | <b>Ventilator Graphics Analysis</b>                  |
|  | <b>Capnography</b>                                   |
|  | <b>Spontaneous Parameters</b>                        |
| <b>Weaning from<br/>Mechanical Ventilation</b>   | <b>Weaning Modes</b>                                 |
|  | <b>Noninvasive Ventilator Setup</b>                  |
|  | <b>Noninvasive Ventilator Check</b>                  |
|  | <b>Manual Ventilations during Transport</b>          |
| <b>1610</b>                                      | <b>Transport Ventilation Setup 1614</b>              |

**FIG. 16B**

|  |   |  |
|--|---|--|
| <u>1618</u>                              | <b>Adult Critical Care Competencies</b> |  |
|  | <b>Therapy Group</b>                    | <b>Special Competency</b>                              |
| <b>Manual Resuscitators</b>              |   | <b>BLS – Basic Life Support</b>                        |
|  |   | <b>Hand Washing</b>                                    |
|  |   | <b>Isolation Procedures</b>                            |
|  |   | <b>Charges</b>   |
| <b>Patient Data</b>                      |   | <b>Vital Signs</b>                                     |
|  |   | <b>Chest Assessment</b>                                |
|  |   | <b>Patient Assessment</b>                              |
|  |   | <b>X-Ray Interpretation</b>                            |
| <b>Oxygen Therapy</b>                    |   | <b>Isolation Procedures</b>                            |
|  |   | <b>Nasal Cannula</b>                                   |
|  |   | <b>Simple Mask</b>                                     |
|  |   | <b>Partial Rebreather</b>                              |
| <b>Aerosol &amp; Humidity Therapy</b>    |   | <b>Non-Rebreather</b>                                  |
|  |   | <b>Venti-Mask</b>                                      |
|  |   | <b>Pulse Oximetry</b>                                  |
|  |   | <b>Face Tent</b>                                       |
| <b>Aerosol &amp; Drug Administration</b> |   | <b>Face Mask</b>                                       |
|  |   | <b>Trach Collar</b>                                    |
|  |   | <b>T-Piece</b>   |
|  |   | <b>USN – Ultrasound Nebulizer</b>                      |
| <b>Hyperinflation Therapy</b>            |   | <b>MDI – Metered Dose Inhaler</b>                      |
|  |   | <b>SVN – Small Volume Nebulizer</b>                    |
|  |   | <b>IS – Incentive Spirometry</b>                       |
|  |   | <b>IPPB – Intermittent Positive Pressure Breathing</b> |
| <b>Bronchial Hygiene</b>                 |   | <b>Chest Physiotherapy</b>                             |
|  |   | <b>Coughing</b>  |
|  |   | <b>Breathing Exercises</b>                             |
|  |   | <b>Mucous Clearance Adjuncts</b>                       |
| <u>1622</u>                              |   | <b>(PEP – Positive Expiratory Pressure.</b>            |

**FIG. 16C**

Browser Banner

1460

Respiratory Care

Adult Floor Therapy – Oxygen Therapy – Nasal Cannula1634

REQUIRED: This evaluation was done (date):

06/07/99

Enter date as m/d/y, for example 12/25/98 for December 25, 1998. If you leave the year space blank and enter 12/25, the program will automatically fill in the current year.

REQUIRED: Instructor

1636

1638

- Select Instructor -

Instructor #1

Instructor #2

Instructor #3

Instructor #4

Instructor #5

Instructor #6

Instructor #7

Instructor #8

Instructor #9

Instructor #10

Instructor #11

REQUIRED: Student

1640

1642

- Select Student -

Student #1

Student #2

Student #3

Student #4

Student #5

Student #6

Student #7

Student #8

Student #9

Student #10

Student #11

Conditions (describe):

1644

Browser Banner

FIG. 16D

AD: 98006/16C1

USSN: 10/817385

Browser Banner

Additional comments: include errors of omission and commission, communicative skills, and effectiveness of patient interaction:

Student forgot to place the “NO SMOKING” sign.

1646

Summary performance evaluation and recommendations

Please use the following criteria and select the appropriate pop-up menu.

• **Satisfactory** — student ready for minimally supervised application and refinement. Student performed without error or prompting, or able to self-correct, no critical errors.

• **Unsatisfactory** — prompting required; performed with critical errors, potentially harmful.

• **Minor – Unsatisfactory**: Student requires re-evaluation after minor deficiencies are corrected.

• **Major – Unsatisfactory**: Student requires complete re-evaluation.

REQUIRED: Summary Performance Evaluation:

1654

1652

- Select Evaluation - ▼

- Select Evaluation - Satisfactory

Minor-Unsatisfactory

Major-Unsatisfactory

1650

1648

Send Information

Clear Form

Browser Banner

FIG. 16D

AD: 98006/16C1

USSN: 10/817385



Browser Banner

Additional comments: include errors of omission and commission, communicative skills, and effectiveness of patient interaction:

Student forgot to place the “NO SMOKING” sign.

Summary performance

Please use the following

• Satisfactory – student read without error or prompting, or

• Unsatisfactory – prompti

• Minor – Unsatisfactory

• Major – Unsatisfactory

Enter Network Password

Please enter your authentication information

Resource: Database clinical competencies.fp3

User Name

Password

OK

Cancel

REQUIRED:

Summary Performance Evaluation: Minor-Unsatisfactory

Send Information

Clear Form

Browser Banner

FIG. 16F

| Browser Banner        |             |            |               |                                 |
|-----------------------|-------------|------------|---------------|---------------------------------|
| Academic Faculty      |             |            |               |                                 |
| Database              | Options     |            |               |                                 |
| Students              | <u>View</u> | <u>Add</u> | <u>Search</u> | <u>Modify/</u><br><u>Delete</u> |
| Clinical Preceptors   | <u>View</u> | <u>Add</u> | <u>Search</u> | <u>Modify/</u><br><u>Delete</u> |
| Dialy Log             | <u>View</u> | <u>Add</u> | <u>Search</u> | <u>Delete</u>                   |
| Competency Evaluation | <u>View</u> | <u>Add</u> | <u>Search</u> | <u>Delete</u>                   |
| Student Time Clock    | <u>View</u> |            | <u>Search</u> |                                 |
|                       |             |            |               |                                 |
| Browser Banner        |             |            |               |                                 |

FIG. 17A

Browser Banner

This form is used to modify or delete the record of Student Name

- To modify this record, make the necessary changes then client the MODIFY button.
- To delete this record client the DELETE button – WARNING – Deleted records can NOT be recovered!

First Name:

Last Name:

ID:

Email:

Address:

City:

State – (two letters):

Zip Code:

Phone Number:

Browser Banner

The students in this Respiratory Care Program are:

Student 1

Student 2

Student 3

Student 4

Student 5

Student 6

Student 7

Student 8

Student 9

Student 10

Student 11

Browser Banner

MODIFY

DELETE

Reset Form

Browser Banner

FIG. 17B

AD: 98006/16C1

USSN: 10/817385

| Browser Banner                           |                     |         |          |          |       |  |
|--|---------------------|---------|----------|----------|-------|--|
| Displaying 91 through 120 of 211 records |                     |         |          |          |       |  |
| Student                                  | Clinical Instructor | Date    | Time In  | Time Out | Time  | Location Course                        |
|  | Instructor #1       | 5/26/99 | 5:45 AM  | 6:06 PM  | 12.35 | Adult Floors # Clinical Therapeutics   |
|  |                     | 5/28/99 | 5:45 AM  |          |       | # Clinical Therapeutics                |
|  | Instructor #2       | 6/2/99  | 5:45 AM  | 6:26 PM  | 12.68 | Adult Floors # Clinical Therapeutics   |
|  | Instructor #3       | 6/4/99  | 5:45 AM  | 6:04 PM  | 12.32 | Adult Floors # Clinical Therapeutics   |
|  |                     | 5/14/99 | 12:01 PM |          |       | # Clinical Therapeutics                |
|  |                     | 5/14/99 | 12:56 PM |          |       | # Clinical Therapeutics                |
|  | Instructor #4       | 5/14/99 | 1:18 PM  | 2:10 PM  | .87   | Emergency Room # Clinical Therapeutics |
|  | Instructor          |         | :45      | 6:16     |       | Pediatric # Clinical                   |
| Browser Banner                           |                     |         |          |          |       |  |

FIG. 17C

Browser Banner

# Respiratory Care

This form is used to search the **Student Clinical Time Clock Record List**

List All Records in the Student Clinical Time Clock Record List

To find **Specific Records**, enter the appropriate information in the following list.

Student's Name:

Student Name

▼

1751

1752

Clinical Instructor's Last Name:

Instructor's Last Name

▼

1753

1754

Date:

on or after this date

▼

10/01/99

1755

1756

1757

Location:

Location

▼

1758

1759

Course:

Course Number – Course Name

▼

1760

1761

Send Search Request

1762

Clear Form

1763

Browser Banner

FIG. 17D

| Browser Banner                    |                   |                      |       |                           |         |
|-----------------------------------|-------------------|----------------------|-------|---------------------------|---------|
| <u>Student</u>                    | <u>Instructor</u> | Isolation Procedures | Adult | Satisfactory              | 7/2/99  |
| <u>Student</u>                    | <u>Instructor</u> | Isolation Procedures | Adult | Satisfactory              | 7/2/99  |
| <u>Student</u>                    | <u>Instructor</u> | Isolation Procedures | Adult | Minor -<br>Unsatisfactory | 7/2/99  |
| <u>Student</u>                    | <u>Instructor</u> | Isolation Procedures | Adult | Satisfactory              | 7/2/99  |
| <u>Student</u>                    | <u>Instructor</u> | Isolation Procedures | Adult | Satisfactory              | 7/1/99  |
| <sup>1772</sup><br><u>Student</u> | <u>Instructor</u> | Isolation Procedures | Adult | Satisfactory              | 6/28/99 |
| <u>Student</u>                    | <u>Instructor</u> | Nasal Cannula        | Adult | Minor -<br>Unsatisfactory | 6/15/99 |
| <u>Student</u>                    | <u>Instructor</u> | Nasal Cannula        | Adult | Satisfactory              | 5-17-99 |
| <u>Student</u>                    | <u>Instructor</u> | Partial Rebreather   | Adult | Satisfactory              | 6/28/99 |
| <u>Student</u>                    | <u>Instructor</u> | Non-Rebreater        | Adult | Satisfactory              | 6/18/99 |
| <u>Student</u>                    | <u>Instructor</u> | Pulse Oximetry       | Adult | Satisfactory              | 6/18/99 |
| Browser Banner                    |                   |                      |       |                           |         |

FIG. 17E

|  |  |
|--|--|
| Browser Banner   |  |
| <div>1773</div> <div>Respiratory Care</div> <div>Adult Floor Therapy – Oxygen Therapy – Nasal Cannula</div> <div>The database automatically recorded the following information (data is presented in blue, red, or yellow):</div> <div>Student: Student Name</div> <div>Competency: Nasal Cannula – Adult Floor Therapy</div> <div>Time and Date: 11:58:57 AM – Tuesday, June 15, 1999</div> <div>Conditions: This is a test</div> <div>Equipment: This is still a test. Under “Equipment and Patient Preparation,” item #6 is unsatisfactory and will generate an unsatisfactory – minor in the general summary.</div> <div>NOTE: For the following questions the default selection is SATISFACTORY. The other selections are UNSATISFACTORY, NOT OBSERVED, and NOT APPLICABLE.</div> |  |
| Browser Banner   |  |

FIG. 17F

Browser Banner

1780

This form is used to search the Clinical Competency Database.

List All Records in the Clinical Competency Database

●

Default Sort – sort the records using the default criteria (first by specific competency by order of appearance in the Unit Rotations (Hand Washing, BLS, Vital Signs, etc.), then ascending alphabetically by student’s last name, then by patient by rank (adult, pediatric, neonatal), then by descending date, then ascending alphabetically by the instructor’s last name.)

●

Custom Sort

To find Specific Records, enter the appropriate information in the following list.

●

Student’s Name:

- Select Student -

1782

1783

1784

●

Preceptor’s Name:

- Select Instructor -

1785

1786

●

Patient:

- Select Patient -

1787

1788A

●

Date:

- Select Log Date -

1788B

●

Summary:

- Select Summary -

1789

1790

●

Unit Rotation:

- Select Unit Rotation -

1791

1792

1793

●

Therapy Groups:

- Select Therapy Group -

1794

1795

●

Specific Competency:

- Select Specific Competency -

1796

1797

1798

Send Search Request

Clear Form

Please specify the sort strategy. NOTE: the default sort strategy is preselected. To use the default sort strategy with the search criteria selected above, just click on the Search Request button. To modify the sort strategy, adjust the sort criteria and sort order to match your needs. Then click on the Send Search Request button.

Browser Banner

FIG. 17G

AD: 98006/16C1

USSN: 10/817385



## Browser Banner

1799

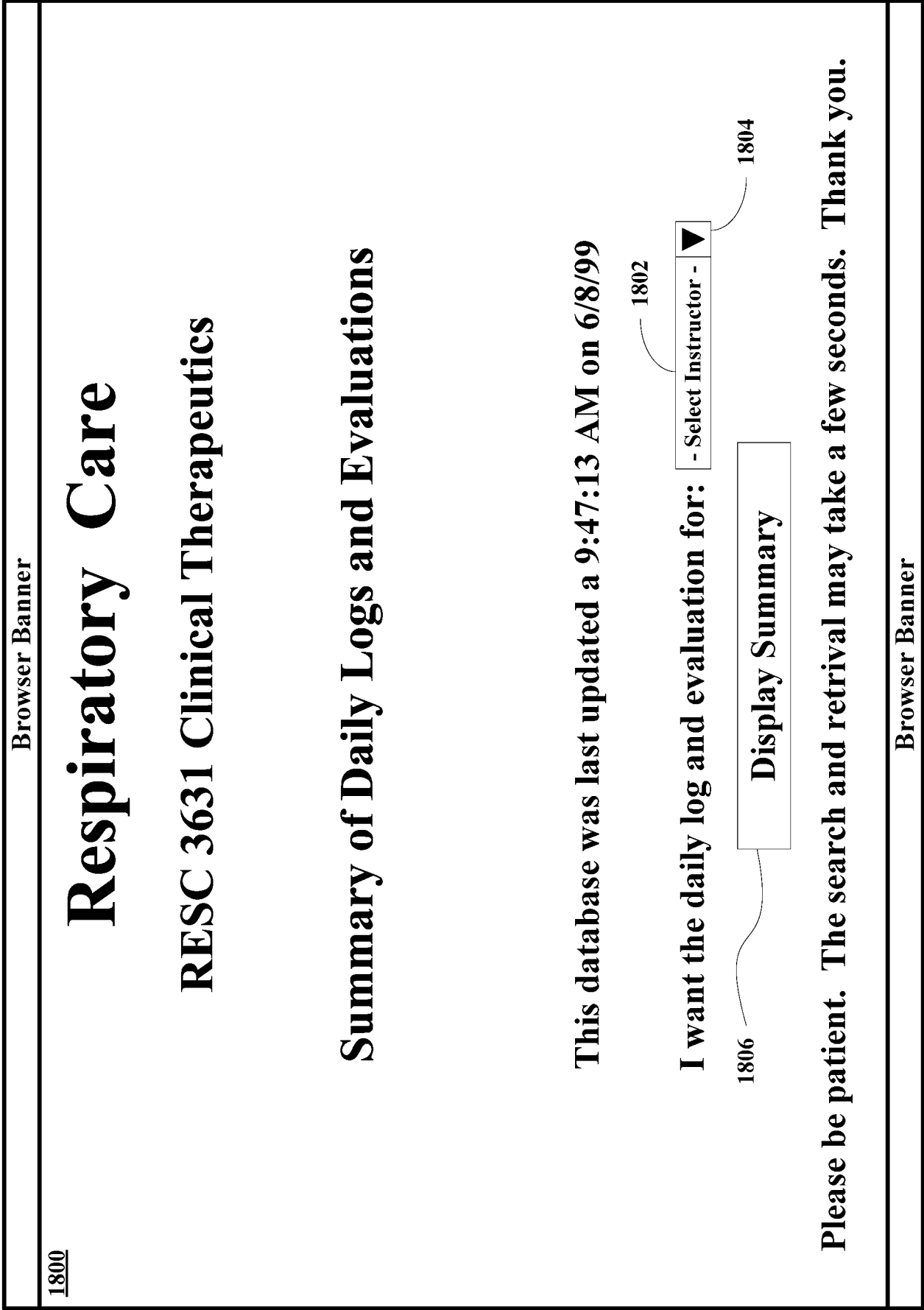
## Respiratory Care

Display 1 through 10 of 10 records.

| Student               | Preceptor  | Specific Competency    | Patient | Summary      | Log Date |
|-----------------------|------------|------------------------|---------|--------------|----------|
| <u>Student</u>        | Instructor | Vital Signs            | Adult   | Satisfactory | 6/28/99  |
| <u>Student</u>        | Instructor | Vital Signs            | Adult   | Satisfactory | 5/14/99  |
| <u>Student</u>        | Instructor | Chest Assessment       | Adult   | Satisfactory | 6/28/99  |
| <u>Student</u>        | Instructor | Isolation Procedures   | Adult   | Satisfactory | 6/28/99  |
| <b><u>Student</u></b> | Instructor | Partial Rebreather     | Adult   | Satisfactory | 6/28/99  |
| <u>Student</u>        | Instructor | Pulse Oximetry         | Adult   | Satisfactory | 6/28/99  |
| <u>Student</u>        | Instructor | Trach Collar           | Adult   | Satisfactory | 6/28/99  |
| <u>Student</u>        | Instructor | Small Volume Nebulizer | Adult   | Satisfactory | 6/28/99  |
| <u>Student</u>        | Instructor | Incentive Spirometry   | Adult   | Satisfactory | 6/28/99  |
| <u>Student</u>        | Instructor | Chargres               | Adult   | Satisfactory | 6/28/99  |

## Browser Banner

FIG. 17H



1808

Browser Banner

Student: Student Name

Date: 6/8/99

Time: 9:47:13 AM

| PROCEDURES:          | OBSERVATIONS: | PERFORMANCES: | EVALUATIONS: |
|----------------------|---------------|---------------|--------------|
| Patient Data         |               |               |              |
| Vital Signs          | 16            | 8             | 2            |
| Chest Assessment     | 15            | 68            | 1            |
| Patient Assessments  | 15            | 561810        | 1            |
| Isolation Procedures | 12            | 60            | 1            |
| Oxygen Therapy       |               |               |              |
| Nasal Cannula        | 7             | 34            | 1            |
| Simple Mask          | 3             | 25            | 1            |
| Venti-Maks           | 4             | 5             |              |
| Partial Rebreather   |               | 6             | 1            |
| Non-Rebreather       | 1             | 1             | 1            |
| Pulse Oximetry       | 12            | 11            |              |
| Cylinder Transport   | 1             | 58            |              |

Browser Banner

FIG. 18B

Browser Banner

1900

# STUDENT PROGRAM RESOURCE SURVEY RESULTS

University of Texas Medical Branch – School of Allied Health Sciences –  
Department of Respiratory Care

CERTIFIED ELIGIBLE PROGRAM NUMBER: 10000

CERTIFIED ELIGIBLE PROGRAM NUMBER: 20000

1902

*The purpose of this survey instrument is to evaluate our program resources. The data compiled will aid the program in an ongoing process of program improvement.*

This survey is for the Summer semester of 1999

**INSTRUCTIONS:** Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

Browser Banner

**FIG. 19A**

## Browser Banner

**INSTRUCTIONS:** Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you to not know about a particular area, please select Not Applicable.

5 = Strongly Agree    4 = Generally Agree    3 = Neutral (acceptable)    2 = Generally Disagree  
 1 = Strongly Disagree    NA = Not Applicable

Total Number of Surveys: 20

1906

1904

# I. PERSONNEL RESOURCES (PROGRAM FACULTY)

## A. FACULTY TEACH EFFECTIVELY

|    |                                       | 5   | 4        | 3 | 2             | 1 | NA |
|----|---------------------------------------|-----|----------|---|---------------|---|----|
| 1. | In the classroom                      | 15  | 5        | 0 | 0             | 0 | 0  |
|    | Number of responses for this item: 20 | 75  | 25       | 0 | 0             | 0 | 0  |
|    | Statistics                            |     | Mean 4.8 |   | Std. Dev. 0.4 |   |    |
| 2. | In the laboratory                     | 20  | 0        | 0 | 0             | 0 | 0  |
|    | Number of responses for this item: 20 | 100 | 0        | 0 | 0             | 0 | 0  |
|    | Statistics                            |     | Mean 5   |   | Std. Dev. 0.4 |   |    |
| 3. | In the clinical area                  | 10  | 9        | 0 | 0             | 0 | 0  |
|    | Number of responses for this item: 19 | 53  | 47       | 0 | 0             | 0 | 0  |
|    | Statistics                            |     | Mean 4.5 |   | Std. Dev. 0.5 |   |    |

## Browser Banner

**FIG. 19B**

# Respiratory Care

## STUDENT PROGRAM RESOURCE SURVEY

University of Texas Medical Branch - School of  
Allied Health Sciences - Department of  
Respiratory Care

CERTIFIED ELIGIBLE PROGRAM

NUMBER: 100000

REGISTRY ELIGIBLE PROGRAM

NUMBER: 200000

*The purpose of this survey instrument is to evaluate our program resources. The data compiled will aid the program in an ongoing process of program improvement.*

I am a . This Survey is for the  semester of  
.

**FIG. 20A**

REPLACEMENT SHEET 47/54

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree    4 = Generally Agree    3 = Neutral (acceptable)  
2 = Generally Disagree    1 = Strongly Disagree    NA = Not Applicable

I. PERSONNEL RESOURCES (PROGRAM FACULTY)

A. FACULTY TEACH EFFECTIVELY:

- 1. In the classroom    ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
- 2. In the laboratory    ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
- 3. In the clinical area    ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

B. FACULTY NUMBER IS ADEQUATE:

- 4. In the classroom    ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
- 5. In the laboratory    ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA
- 6. In the clinical area    ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

C. FACULTY MEMBERS HAVE  
GOOD RAPPORT WITH STUDENTS. ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

D. FACULTY MEMBERS ARE  
WILLING TO HELP STUDENTS  
WITH ACADEMIC NEEDS.    ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

E. FACULTY ENSURE STUDENT  
REPRESENTATION ON THE  
ADVISORY BOARD.    ☐ 5 ☐ 4 ☐ 3 ☐ 2 ☐ 1 ☐ NA

Comments:

|  |                                  |
|--|----------------------------------|
|  | <input type="button" value="▼"/> |
|  | <input type="button" value="▲"/> |

FIG. 20B

## REPLACEMENT SHEET 48/54

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree    4 = Generally Agree    3 = Neutral (acceptable)  
2 = Generally Disagree    1 = Strongly Disagree    NA = Not Applicable

### II. PHYSICAL RESOURCES

#### A. INSTRUCTIONAL RESOURCES: CLASSROOMS

1. Are adequate in size. ☐5☐4☐3☐2☐1☐NA
2. Have adequate lighting. ☐5☐4☐3☐2☐1☐NA
3. Contain adequate seating. ☐5☐4☐3☐2☐1☐NA
4. Have adequate ventilation. ☐5☐4☐3☐2☐1☐NA
5. Are provided with appropriate equipment to support effective instruction. ☐5☐4☐3☐2☐1☐NA

#### B. INSTRUCTIONAL RESOURCES: LABORATORY

1. Is adequate in size. ☐5☐4☐3☐2☐1☐NA
2. Has adequate lighting. ☐5☐4☐3☐2☐1☐NA
3. Has adequate seating. ☐5☐4☐3☐2☐1☐NA
4. Is as adequate ventilation. ☐5☐4☐3☐2☐1☐NA
5. Is equipped with the amount of equipment necessary for student performance of required laboratory exercises. ☐5☐4☐3☐2☐1☐NA
6. Is equipped with the variety of equipment necessary for student performance of required laboratory exercises. ☐5☐4☐3☐2☐1☐NA

**FIG. 20C**



## REPLACEMENT SHEET 49/54

7. Is equipped with the amount of supplies necessary for student performance of required laboratory exercises. ☐5☐4☐3☐2☐1☐NA
8. Is equipped with the variety of supplies necessary for student performance of required laboratory exercises. ☐5☐4☐3☐2☐1☐NA
9. Activities prepare the student to perform effectively in the clinical setting. ☐5☐4☐3☐2☐1☐NA
10. Is accessible to students outside regularly scheduled class times. ☐5☐4☐3☐2☐1☐NA

Comments:

|  |                                  |
|--|----------------------------------|
|  | <input type="button" value="▼"/> |
|  | <input type="button" value="▲"/> |

INSTRUCTIONS: Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree    4 = Generally Agree    3 = Neutral (acceptable)  
2 = Generally Disagree    1 = Strongly Disagree    NA = Not Applicable

### III. LEARNING RESOURCES

#### A. LIBRARIES (SCHOOL AND AFFILIATES)

I. The program faculty and/or the library personnel, offer orientation and demonstration of the library services.

☐5☐4☐3☐2☐1☐NA

**FIG. 20D**

## REPLACEMENT SHEET 50/54

2. The institutional library personnel provide assistance to the students when needed. ☐5☐4☐3☐2☐1☐NA
3. The libraries provide sufficient materials to support classroom assignments. ☐5☐4☐3☐2☐1☐NA
4. The library hours are convenient to student schedules. ☐5☐4☐3☐2☐1☐NA
5. Program assignments require the use of library resources. ☐5☐4☐3☐2☐1☐NA

### B. STUDENT INSTRUCTIONAL SUPPORT SERVICES (TUTORS, COMPUTER LAB. ETC.)

1. Tutors provide assistance to the students when needed. ☐5☐4☐3☐2☐1☐NA
2. Audiovisual and computer equipment are available to students for class assignments and activities. ☐5☐4☐3☐2☐1☐NA
3. Computer resources are adequate to support the curriculum. ☐5☐4☐3☐2☐1☐NA
4. Student Instructional Support Services are open an adequate number of hours. ☐5☐4☐3☐2☐1☐NA

Comments:

|  |                           |
|--|---------------------------|
|  | <div>▼</div> <div>▲</div> |
|--|---------------------------|

**INSTRUCTIONS:** Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree    4 = Generally Agree    3 = Neutral (acceptable)  
2 = Generally Disagree    1 = Strongly Disagree    NA = Not Applicable

**FIG. 20E**

IV. CLINICAL RESOURCES

A. CLINICAL ROTATIONS

1. Facilities

a. The clinical facilities offer an adequate number of procedures for the student to meet clinical objectives.

○5○4○3○2○1○NA

b. The clinical facilities offer an adequate variety of procedures for the student to meet clinical objectives.

○5○4○3○2○1○NA

c. The clinical facilities provide a variety of current equipment.

○5○4○3○2○1○NA

2. Experiences

a. Each clinical rotation is of sufficient length to enable the student to complete clinical objectives.

○5○4○3○2○1○NA

b. Clinical rotations are sufficient to provide overall equivalent competencies for all students.

○5○4○3○2○1○NA

B. CLINICAL INSTRUCTION

1. Students are adequately oriented to assigned clinical areas, and procedures.

○5○4○3○2○1○NA

2. Clinical instructors are sufficiently knowledgeable to provide student instruction.

○5○4○3○2○1○NA

3. Clinical instructors direct the students in completing the assigned objectives.

○5○4○3○2○1○NA

**FIG. 20F**

## REPLACEMENT SHEET 52/54

4. Clinical instructors are consistent in their evaluation of student performance.

☐5 ☐4 ☐3 ☐2 ☐1 ☐NA

5. Clinical instructors are readily available to assist students when needed.

☐5 ☐4 ☐3 ☐2 ☐1 ☐NA

Comments:

|             |  |
|-------------|--|
| <u>2012</u> | <input type="button" value="▼"/><br><input type="button" value="▲"/> |
|-------------|--|

**INSTRUCTIONS:** Consider each item separately and rate each item independently of all others. Select the rating that indicates the extent to which you agree with each statement. Please do not skip any rating. If you do not know about a particular area, please select Not Applicable.

5 = Strongly Agree    4 = Generally Agree    3 = Neutral (acceptable)  
2 = Generally Disagree    1 = Strongly Disagree    NA = Not Applicable

### V. PHYSICIAN INTERACTION

A. Physician/student interaction facilitates the development of effective communication skills between physicians and students.

☐5 ☐4 ☐3 ☐2 ☐1 ☐NA

B. Physician contact is sufficient to provide the student with a physician perspective of patient care.

☐5 ☐4 ☐3 ☐2 ☐1 ☐NA

C. Overall student exposure to physicians in the program is adequate.

☐5 ☐4 ☐3 ☐2 ☐1 ☐NA

Comments:

|             |  |
|-------------|--|
| <u>2012</u> | <input type="button" value="▼"/><br><input type="button" value="▲"/> |
|-------------|--|

# FIG. 20G

REPLACEMENT SHEET 53/54

VI. ADDITIONAL COMMENTS

How long have you been a student in the program?

OVERALL RATING:

Please rate the OVERALL quality of the resources supporting the program.  
(Select one)

- ☐ 5 = Excellent      ☐ 4 = Very Good      ☐ 3 = Good  
☐ 2 = Fair      ☐ 1 = Poor

Based on your experience, which program resources provided you with the most support?

|             |        |
|-------------|--------|
| <u>2012</u> | ▼<br>▲ |
|-------------|--------|

Why?

|             |        |
|-------------|--------|
| <u>2012</u> | ▼<br>▲ |
|-------------|--------|

Based on your experience, which program resources could be improved?

|             |        |
|-------------|--------|
| <u>2012</u> | ▼<br>▲ |
|-------------|--------|

How?

|             |        |
|-------------|--------|
| <u>2012</u> | ▼<br>▲ |
|-------------|--------|

FIG. 20H

## REPLACEMENT SHEET 54/54

Please provide comments and suggestions that would help to improve the overall resources of the program.

|             |        |
|-------------|--------|
| <u>2012</u> | ▼<br>▲ |
|-------------|--------|

Submit Survey

2014

Clear – Start Over

2016

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## FIG. 20I